

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4507 1-800-852-3345 Ext. 4507
Fax: 603-271-3991 TDD Access: 1-800-735-2964

José Thier Montero
Director

**Renewal Application for Certification for
Lead Clearance Testing Licensure**

Type or print clearly in **INK**; attach all required documentation; and sign the application.
All sections of the application must be filled in. The signature must be in ink.
Photocopies of the signed form are **NOT** acceptable.

I. APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	(For Identification Purposes Only)
Mailing Address		Apt. #
City	State	Zip Code
Phone Number	Email	

II. EMPLOYER INFORMATION (This information will be included on identification card.)

Employer Name		
Employer Mailing Address		Suite #
City	State	Zip Code
Employer Phone		
Employer Fax	Email	

III. LICENSING HISTORY

Yes No (Please check the appropriate box.)

<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire Lead Clearance Testing Technician certification Expiration date of last certification: _____ Certification Number: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are you licensed, certified or permitted as a Lead Clearance Testing Technician, Dust Testing Technician, or Lead Sampling technician in any state other than New Hampshire? If "Yes", please list and attach a copy with this application.	
	State	Certification Date	Certificate Number

Yes No (Please check the appropriate box.)

		Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you, which resulted from, lead base substance abatement or inspection activities within the past 10 years? If "Yes", please explain:

IV. TRAINING INFORMATION

If you have additional Certified Lead Clearance Testing Technician training, please complete the section below and attach documentation of the courses to this application.

Course Title	Training Provider	Date of Completion

V: CHECKLIST OF REQUIRED DOCUMENTATION

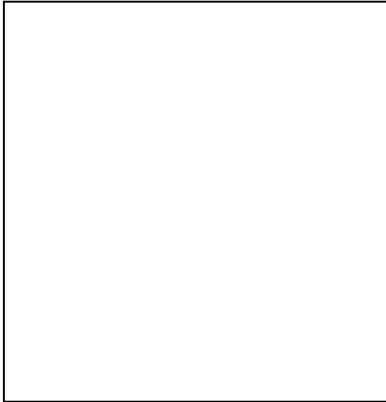
	Provide originals or photocopies of licenses, training certificates, and/or other documents; and
	Provide a current, clear and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back; and
	Include a check or money order in the amount of \$50.00 payable to " Treasurer, State of NH " for the licensing fee. Applications will not be processed until all information has been received.

VI: MAILING INSTRUCTIONS

Send completed application to the following address:

New Hampshire Department of Health & Human Services (NH DHHS)
 Childhood Lead Poisoning Prevention Program (CLPPP)
 29 Hazen Drive
 Concord, NH 03301
 ATTN: Lead Licensing
 Phone: 603-271-4507
 E-MAIL: vshallow@dhhs.state.nh.us or rmalcolm@dhhs.state.nh.us

VII: PHOTOGRAPH: All new applicants affix (glue, staple, or tape) a recent passport type picture here.



VIII: NOTARIZATION:

On this _____ day of _____ in the year _____,
 _____ (Applicant's name) personally appeared before me,
 who being duly sworn says that she/he is the person referred to in the foregoing
 application and that the photograph attached hereto is a true picture of self and that the
 statements made herein are true in every respect.

Signature of Applicant

Sworn to before me this _____ day of _____ in the year _____

Signature of Notary Republic

My Commission expires

IX: STATEMENT OF COMPLIANCE

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1603.03) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Application Signature

Date
